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**Date** 11/26/2004 12:59 PM**Number of pages including cover sheet** 4**To:**USPTO Issue FeeApplication 10/695,364  
NumberPhoneFax Phone 1- (703) 746-4000CC:**From:**Fred ZimmermanIHDIV OFFICE OF  
COUNSELPhone 301-744-5603Fax Phone 301-744-4423**REMARKS:**☐ Urgent ☐ For your review ☐ Reply ASAP ☐ Please comment

Attached is a Transmittal for Issue Fee and a copy of Request for Customer Number Data Change Form and Notice of Customer Number Record Change. Please don't hesitate to call, if you need anything else.

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